

Notice of Independent Review Decision

DATE OF REVIEW:

03/30/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Twelve sessions of physical therapy for the right ankle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested additional physical therapy (twelve sessions) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 03/24/10 MCMC Referral
- 03/24/10 Notice of Assignment of Independent Review Organization, DWC
- 03/24/10 Notice To Utilization Review Agent of Assignment, DWC
- 03/24/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 03/22/10 letter from Attorneys at Law
- 03/19/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 03/19/10 Request For A Review By An Independent Review Organization, DWC
- 03/16/10 Rescinding of xxxx, Dr., Orthopedic Consultants
- 03/16/10, 06/17/09 Report of Medical Evaluation, D.O.
- 03/10/10 Reconsideration/Appeal of Adverse Determination letter, HDi
- 03/02/10 Request for Pre-Authorization, Therapy Specialists
- 03/01/10, Utilization Review Determination letter, HDi
- 02/24/10, 02/10/10, 01/13/10 Follow Up Notes, M.D., Foot and Ankle
- 02/24/10 Request for Pre-Authorization, Therapy Specialists
- 02/24/10 prescription note, Center for Foot and Ankle Restoration
- 02/24/10, 01/13/10, 12/09/09 Work Status Reports, M.D., DWC
- 02/22/10, 05/01/09, 05/29/09 Progress Reports, PT, MSPT, Therapy Specialists
- 02/18/10 MRI right ankle, Diagnostic Imaging
- 02/10/10 prescription note, Foot and Ankle
- 02/03/10 letter from, M.D.
- 01/13/10 prescription note, Foot and Ankle
- 12/09/09 report from, M.D., Foot and Ankle
- 08/31/09, 01/29/10 Progress Report, PT, MSPT, Therapy Specialists
- 08/28/09 Peer Review report, M.D., MES Solutions

- 08/04/09 Request for Pre-Authorization, Therapy Specialists
- 08/03/09 physician advisor report, M.D., xxxxxx
- 08/03/09 Reconsideration/Appeal of Adverse Determination letter, HDi
- 08/03/09 prescription note, M.D., Occupational Health Solutions
- 07/23/09 letter from M.D., OHS
- 07/14/09 Utilization Review Determination letter, HDi
- 07/08/09 Request for Pre-Authorization, Therapy Specialists
- 06/17/09 MMI report, DO, xxxxxx
- 06/05/09 Evaluation Summary – Functional Capacity Evaluation, PT, MSPT
- 06/01/09 Therapy Referral Form
- 05/05/09 Request for Pre-Authorization, Therapy Specialists
- 04/09/09 to 02/26/10 Daily Progress Notes, Therapy Specialists
- 04/09/09 Request for Pre-Authorization, Therapy Specialists
- 04/09/09 Initial Evaluation Summary, , PT, MSPT, Therapy Specialists
- 04/09 to 02/26 (2009 to 2010) Therapeutic Exercise or Activity flow charts, Therapy Specialists
- 04/06/09, 05/04/09, 06/01/09, 06/17/09 Progress Notes – Right Ankle, D.O.
- 04/06/09, 05/04/09, 06/01/09, 10/05/09 Progress Reports, , D.O., Orthopedic Consultants
- 04/06/09 Therapy Referral Form
- 03/13/09 Initial Orthopedic Consultation, D.O., Orthopedic Consultants
- 03/05/09 referral form, MRI Group
- 03/05/09 MRI right ankle, MRI Group
- 03/04/09 to 10/05/09 Work Status Reports, D.O., DWC
- 02/24/09 to 02/25/10 Progress Notes (handwritten), OHS
- 02/24/09 to 02/25/10 Work Status Reports, , D.M.D., DWC
- 02/24/09 Employers First Report of Injury or Illness
- 02/03/09 referral form, Therapy Specialists
- Patient information sheet, Workers Compensation
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY (SUMMARY):

The injured individual is a male who was reported to have sustained a work-related injury on xx/xx/xx. The described mechanism of injury as reported in the Employer's First Report of Injury and the initial objectively documented physical findings were consistent with the diagnosis of an inversion ankle sprain. Initial treatment was provided by Dr.. The injured individual was subsequently referred to D.O., Orthopedic Surgeon, because of continuing complaints. Treatment has included pain medication, anti-inflammatories, walking boot, ankle brace, and at least thirty six sessions of outpatient physical therapy. MRI imaging initially was consistent with an ankle inversion type of sprain. The injured individual was subsequently placed at maximum medical improvement (MMI) by Dr.. Dr. noted that he had nothing further to offer the injured individual. He released the injured individual to full duty and discharged him from care. The injured individual returned to Dr. on 12/01/2009 and reported a new injury to the right ankle at work the day previously when he stepped in a hole. Dr. referred the patient to M.D. His diagnosis was a recurrent ankle sprain. Repeat MRI was consistent with an ankle sprain and the possibility of an early osteochondral lesion of the medial talar dome but an intact cartilaginous surface. There has been no objective documentation consistent with an instability pattern. The injured individual has started another course of physical therapy, immobilization, medications, and brace use. The therapist noted on 02/22/2010 that there had been no change in symptoms and continued high pain level 6/10. "Shows no functional improvement and demonstrates continued pain behaviors".

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The injured individual is a male who was reported to have sustained a work-related ankle sprain on xx/xx/xx. The Official Disability Guidelines (ODG) would have expected a soft tissue injury of this magnitude to resolve in six to eight weeks with conservative treatment. This may include ice/elevation initially, pain medications, NSAID's, orthotic, and an active trial of physical therapy. Exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be advised to do early passive range-of-motion exercises at home by a physical therapist.

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT.

Ankle/foot Sprain (ICD9 845):

Medical treatment: 9 visits over 8 weeks

The injured individual has exceeded these recommendations and should be on a self-directed home exercise program at this point. In addition, the therapist as documented in his evaluation of 02/22/2010 reported no clinical evidence of efficacy.

This injured individual worked for this employer less than eight months at time of injury. He has undergone extensive evaluation and treatment without any objective evidence of clinical improvement. Both the Official Disability Guidelines and Medical Disability Advisor recommend investigation and addressing of nonphysical factors (psychosocial, workplace, socioeconomic) in cases of delayed recovery or return to work (RTW). Nonphysical factors appear to be a significant impediment to his functional restoration. The patient's weight has not been adequately documented in the record by the various providers except for the therapist. In the therapy evaluation it would appear that the patient is 5" 10" and a weight in excess of 350 pounds. The requested additional therapy is not supported based upon the records reviewed or the evidence based Official Disability Guidelines. Further therapy is unlikely to result in significant clinical improvement or change in functional status.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

³/₄ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

³/₄ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR